

DELHI CHAPTER

INDIAN ASSOCIATION OF PATHOLOGISTS AND MICROBIOLOGISTS (IAPM)



MEMBERSHIP APPLICATION FORM

1. NAME (Block letters): _____
Surname First name Middle name
2. ADDRESS (Residence) _____

ADDRESS (Office) _____

3. TELEPHONE: (Mobile) _____ (Residence) _____ (Office) _____
4. E MAIL ADDRESS: _____
5. DATE OF BIRTH: _____ Age: _____ Sex : _____
6. ACADEMIC QUALIFICATIONS (starting from MBBS):
Degree/ Diploma Year of passing University & Institution
7. PRESENT DESIGNATION/ OCCUPATION: _____
8. SPECIAL INTEREST/ SUBSPECIALTY: _____
9. IAPM (Delhi chapter) ZONE NUMBER: _____

Signature of HOD

Signature of Applicant

Note:

- Applications of residents/ trainees to be forwarded by respective HOD's
- Life membership fee of ₹ 1000 payable by cash/ Cheque in the name of "Delhi Chapter IAPM"
- Submit your duly filled application with requisite fee to the Treasurer, Delhi chapter IAPM
- Please mention your name and mobile number on backside of cheque
- Please update any changes in contact address/ number etc. in the update your info tab on homepage of IAPM (Delhi chapter) website www.iapmdelhi.com

FOR OFFICE USE ONLY

Received

Receipt no

Amount

Membership No:

(SECRETARY)

(TREASURER)